

SURVEY ABOUT WALKING AND BIKING TO SCHOOL

- FOR PARENTS -

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 10 - 15 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

These first few questions gather some general and background information.
Remember, all information will be confidential, and no identifying information will be released.

1. What is the grade of the child who brought home this survey? (K - 8) _____ grade
2. Is the child who brought home this survey male or female? ☐ MALE ☐ FEMALE
3. How many children do you have in Kindergarten through 8th grade? _____ children
4. What is your ZIP Code? (please provide ZIP +4 if known) _____ ZIP code
(note: many utility bills will show your ZIP +4)
5. How far does your child live from school? (choose one)

<input type="checkbox"/> a. less than 1/4 mile	<input type="checkbox"/> d. 1 mile up to 2 miles
<input type="checkbox"/> b. 1/4 mile up to 1/2 mile	<input type="checkbox"/> e. More than 2 miles
<input type="checkbox"/> c. 1/2 mile up to 1 mile	<input type="checkbox"/> f. Don't know

6. On most days, how does your child arrive at school and leave for home after school? (circle one choice per column)

Arrive at school

- a. Walk
- b. Bike
- c. School Bus
- d. Family vehicle (only with children from your family)
- e. Carpool (riding with children from other families)
- f. Transit (city bus, subway, etc.)
- g. Other (skateboard, scooter, inline skates, etc.)

Leave for home

- a. Walk
- b. Bike
- c. School Bus
- d. Family vehicle (only with children from your family)
- e. Carpool (riding with children from other families)
- f. Transit (city bus, subway, etc.)
- g. Other (skateboard, scooter, inline skates, etc.)

7. How long does it normally take your child to get to/from school? (check one choice per column)

Travel time to school

- ☐ a. Less than 5 minutes
☐ b. 5 - 10 minutes
☐ c. 11 - 20 minutes
☐ d. More than 20 minutes
☐ e. Don't know / Not sure

Travel time from school

- ☐ a. Less than 5 minutes
☐ b. 5 - 10 minutes
☐ c. 11 - 20 minutes
☐ d. More than 20 minutes
☐ e. Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school in the last year? (check one box)

☐ YES ☐ NO

9. At what grade would you allow your child to walk or bike without an adult to/from school? (select a grade between K-8)

Grade (K-8) _____ (or ☐ I would not feel comfortable at any grade)

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (check all that apply)

- ☐ Distance
☐ Convenience of driving
☐ Time
☐ Child's participation in before/after-school activities
☐ Speed of traffic along route
☐ Amount of traffic along route
☐ Adults to walk or bike with
☐ Sidewalks or pathways
☐ Safety of intersections and crossings
☐ Crossing guards
☐ Violence or crime
☐ Weather or climate
☐ Other _____
☐ Other _____

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved?

(circle one per line)

☐ My child already walks or bikes to/from school)

YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure
YES	NO	Not Sure

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (check one box)

Strongly Encourage

☐

Encourage

☐

Neither

☐

Discourage

☐

Strongly Discourage

☐

(Questions 13 and 14) Please answer these two questions based on your feelings (or what your child has told you) about your child walking or biking to/from school *whether or not your child actually walks or bikes to/from school*.

13. How much FUN is walking or biking to/from school for your child? (check one box)

Very Fun
☐

Fun
☐

Neutral
☐

Boring
☐

Very Boring
☐

14. How HEALTHY is walking or biking to/from school for your child? (check one box)

Very Healthy
☐

Healthy
☐

Neutral
☐

Unhealthy
☐

Very Unhealthy
☐

15. (a) How many full years of regular school have you completed? _____ years
(grade school through graduate school)

(b) Your spouse/partner's education? (if applicable) _____ years

16. Please provide any additional comments below (use the back of this page, if needed):

Thank you for participating in this survey!

Interested in Learning More?

If you are interested in discussing the conditions related to walking or biking to your child's school, please provide your contact information below (Your name will not be associated with the results of this survey!):

Name: _____

Email: _____

Address: _____

Phone: _____